



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

HEALTH AND MEDICAL PRACTICE ASSOCIATES  
324 N 23<sup>RD</sup> ST  
BEAUMONT, TX 77707

#### **Respondent Name**

ACE AMERICAN INSURANCE CO

#### **Carrier's Austin Representative Box**

Box Number 15

#### **MFDR Tracking Number**

M4-12-0104-01

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary from Table of Disputed Services:** "Proof of timely filing was not considered."

**Amount in Dispute:** \$4,523.59

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "The majority of the dates of service at issue were denied for timely filing as the bills were not received by Respondent within 95 days of the date of service. It should be noted that the date of service 5/5/10 should be dismissed from this dispute as the Requestor has not timely filed for Medical Dispute Resolution...The bills in dispute from 11/1/10-1/24/11 were denied as they were not timely filed...Respondent did not receive the electronic bills...As the paper copies were Respondent's first receipt of the bill, they were not timely received and thus denied. Further, Requestor did not provide any preauthorization approvals for the physical therapy treatments in which preauthorization was required."

**Response Submitted by:** Downs Stanford, P.C., 2001 Bryan St, Ste 4000, Dallas, TX 75201

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 5, 2010 To January 24, 2011	99213, 97113-GP, 97530-GP, 97110-GP	\$4,523.59	\$193.22

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

#### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers'

compensation medical bills for reimbursement.

3. 28 Texas Administrative Code §102.4 sets out the rules for Non-Commission Communications.
4. 28 Texas Administrative Code §134.203 sets out the guidelines for reimbursement of professional medical services provided on or after March 1, 2008.
5. 28 Texas Administrative Code §134.600 sets out the guidelines for preauthorization, concurrent review, and voluntary certification of health care.
6. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
7. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
8. The services in dispute were reduced/denied by the respondent with the following reason codes:  
Explanation of benefits dated August 26, 2011
  - 19-(197) Precertification/Authorization/Notification absent.
  - BL- This bill is a reconsideration of a previously reviewed bill, Allowance amounts do not reflect previous payments.
  - 29-(29) The time limit for filing has expired.

### **Issues**

1. Did the requestor submit the medical bill for the services in dispute timely and in accordance with 28 Texas Administrative Code §133.20 and 28 Texas Administrative Code §133.307?
2. Did the requestor submit documentation to support the disputed bills were submitted timely in accordance with Texas Labor Code, Section §408.027 and 28 Texas Administrative Code §102.4?
3. Did the Requestor obtain Preauthorization for physical therapy services in dispute in accordance with 28 Texas Administration Code §134.600?
4. Is the requestor entitled to reimbursement?

### **Findings**

1. 28 Texas Administrative Code §133.307 (c)(1)(A) states in part that a request for medical fee dispute resolution shall be filed no later than one year after the date(s) of service in dispute. The disputed dates of service are May 5, 2010 through January 24, 2011. The request for dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) section on September 9, 2011. Therefore, date of service May 5, 2010 was untimely filed with the MFDR section and will not be considered in this review.
2. Pursuant to 28 Texas Administrative Code §133.20(b) states in pertinent part "Except as provided in Texas Labor Code §408.0272...a health care provider shall not submit a medical bill later than the 95<sup>th</sup> day after the date the services are provided." No documentation was found to support that Texas Labor Code §408.0272 applies to the service in dispute. For that reason, the requestor in this dispute was required to send the medical bill no later than 95 days after the service in dispute was provided. 28 Texas Administrative Code §102.4(h) states "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus 5 days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday." Review of the documentation submitted by the Requestor finds a copy of medical bills with printed date September 6, 2011, a Bill Status Report and a P2P Status Activity Log for dates of service May 5, 2010 through January 24, 2011. In Accordance with Texas Labor Code §408.027 and 28 Texas Administrative Code §102.4(h), documentation submitted by the requestor in this medical fee dispute supports that a medical bill was submitted for payment to the insurance carrier within 95 days after the date on which the health care services were provided to the injured employee.
3. 28 TAC §134.600(p)(5) states in part, "Non-emergency health care requiring preauthorization includes: physical and occupational therapy services..." Although the requestor submitted bills in accordance with Texas Labor Code §408.027, no documentation was found to support that the requestor obtained preauthorization for the physical therapy services from the respondent prior to providing the services. Therefore, no reimbursement is recommended for CPT Codes 97113-GP, 97530-GP and 97110-GP for dates of service October 25, 2010 through January 24, 2011.

4. CPT Code 99213 for dates of service 11/08/2010 and 01/05/2011 was billed in Accordance with Texas Labor Code §408.027. Therefore, payment is recommended. According to 28 Texas Administrative Code §134.203, the calculations for this code are as follows:

Date of service 11/08/2010: 54.32 WC CF/36.8729 Medicare CF x \$65.11 Participating Amount = \$95.92

Date of service 01/05/2011: 54.54 WC CF/33.9764 Medicare CF x \$66.90 Participating Amount = \$107.39

The total MAR for the CPT code 99213 billed on these two dates of service is \$203.31. The requestor is seeking \$193.22, therefore this amount is recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due for CPT Code 99213. As a result, the amount ordered is \$193.22.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$193.22 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

### **Authorized Signature**

_____	_____	01/19/2012
Signature	Medical Fee Dispute Resolution Officer	Date

### ***YOUR RIGHT TO REQUEST AN APPEAL***

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**